

Los Angeles County Board of Supervisors

October 31, 2014

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Each Supervisor

Zev Yaroslavsky Third District

FROM:

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Fifth District

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Director

Michael D. Antonovich

SUBJECT:

QUARTERLY REPORT ON THE IMPLEMENTATION

OF THE NURSE STAFFING PLAN

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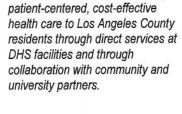
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On April 15, 2014, the Board approved positions recommended by the Chief Executive Officer (CEO) for the Department of Health Services (DHS) Nurse Staffing Plan (NSP), but froze them for hiring pending provision of additional information from DHS. The CEO, in conjunction with DHS, submitted a response dated May 12, 2014, which provided the additional requested information and a proposal for conversion of a portion of the approved permanent, full-time "A" items to part-time, temporary "F" items. The proposed conversion was accepted and the revised set of positions were unfrozen and able to be hired onto. The May 12, 2014, report also noted that DHS would submit quarterly status reports on the progress of the NSP implementation roughly 30 days after the close of each quarter. Following is the June through September 2014 quarterly report.

FY14-15 is the first year of a four-year plan to address continued compliance with mandated staffing ratios for licensed nurses and lift teams and also includes non-mandated staff to address patient safety and operational needs to ensure DHS operates efficiently and effectively in both inpatient and outpatient areas.

In the FY 2014-15 Recommended Budget, DHS added 737.0 budgeted positions, as well as 500.0 ordinance only positions, and related funding of \$17.0 million. The plan includes the following components: 1) inpatient units with AB 394-mandated nurse to patient ratios and AB1136 requirements for safe patient handling; 2) hospital-based clinics; 3) management, education, and employee health services (EHS) restructuring; and 4) health information management (HIM) offsets.



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Recruitment and Hiring Update:

The Office of Nursing Affairs conducted open houses at DHS hospitals and job fairs at local Schools and Colleges of Nursing. Human Resources conducted centralized job fairs utilizing a "one stop shop" format, where applicants were interviewed in one central location. Selected applicants were given a contingent job offer and live scanned after acceptance of the contingent offer. Processing and approval of PARs was also expedited.

Listed below is a summary of hiring to date as of September 30, 2014.

Status of Hiring (Selected and offered employment):

Classification	Percent of items hired onto in Q1 as a percent of total Year
	Registered Nurse (RN)
Licensed Vocational Nurse (LVN)	80%
Certified Medical Assistant	83%
Nursing Attendant	62%
Unit Support Assistant	35%
Clerk	29%
Dental Assistant	0%; exam currently open

Of the above, approximately 46% of individuals hired to date have begun working in their assigned location.

Orientation and Training:

All new hires complete facility and role-specific orientations. Additional training is also provided for the following workforce members:

- RN specialty units: Provided for staff hired into Intensive Care Unit (ICU);
 Emergency Room (ER), and Operating Room (OR).
- Lift Team: Provided by the vendor of the lifting equipment on safe patient handling and mobility transfer; equipment management; use of beds and use of mobile weight scales.
- Sitters: Provided by each facility on the specific responsibility of providing continuous in-person monitoring for patients requiring 1:1 observation.

Each Supervisor October 31, 2014 Page 3

- Transport Team: Provided by each facility on safe patient transport techniques.
- Certified Medical Assistant (CMA) and other primary care staff (e.g., RN3 care manager): Provided by medical and nursing leadership on their role in a Patient Centered Medical Home (PCMH).

The NSP reflects an 80% reduction in registry and overtime expenditures over the 4-years of NSP implementation beginning in FY 15-16. Despite the fact that reductions in registry and overtime are not budgeted until FY 15-16 (Year 2 of the NSP), DHS hospitals are proactively reducing overtime and registry utilization already during Year 1 and additional expenditure controls have been established. For example, overtime hours require prior authorization and approval by a nursing director. Registry use requires prior approval by the Chief Nursing Officer. Use of traveler RNs for extended 13-week assignments requires authorization from the Office of Nursing Affairs.

The NSP is a key element of DHS' strategy to attract and retain patients in the post-Affordable Care Act managed care environment. We appreciate your support in the implementation of this plan. If you have any questions or need additional information, please contact me or Christina Ghaly, Deputy Director, Strategy and Operations, at (213) 240-7787.

MHK:crg

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors